FORM D

UNITED STATES

13/6/42

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



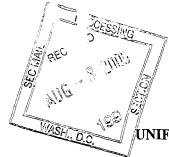
MR APPROVAL

Serial

SEC USE ONLY

DATE RECEIVED

Prefix



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicat	e change.)		
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Ru Type of Filing: □ New Filing ☒ Amendment	ile 506 🗆 Section 4(6) 🗆 ULOE		
A. BASIC IDENTIFICATION DATA			
1. Enter the information requested about the issuer	AUG 05 2005		
Name of Issuer (check if this is an amendment and name has changed, and indicate characteristic characteristic characteristic characteristics).	ange.) HOMSON FINANCIAL		
Address of Executive Offices (Number and Street, City, State, Zip Code) 330 Madison Avenue, New York, NY 10017	Telephone Number (Including Area Code) (212) 210-6201		
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)		
Brief Description of Business Business is to make investments and provide advisory ser	rvices.		
Type of Business Organization corporation limited partnership, already formed other (p) business trust limited partnership, to be formed	lease specify): limited liability company		
Month Year 0 5 0 3			
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevia CN for Canada; FN for other foreign juris			
GENERAL INSTRUCTIONS			

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Richard C.E. Morgan
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amphion Capital Partners LLC, 330 Madison Avenue, New York, NY 10017
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Stephen J.R. Cass, Ph.D.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amphion Capital Partners LLC, 330 Madison Avenue, New York, NY 10017
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Robert J. Bertoldi
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amphion Capital Partners LLC, 330 Madison Avenue, New York, NY 10017
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) R. James Macaleer
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amphion Capital Partners LLC, 330 Madison Avenue, New York, NY 10017
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Lawrence S. Zaslow
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amphion Capital Partners LLC, 330 Madison Avenue, New York, NY 10017
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Frank Cary
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amphion Capital Partners LLC, 330 Madison Avenue, New York, NY 10017
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

773	dai.			 		Carrier and Arthur	1,77					4 1
		r gjer til en s		В.	INFORM	ATION AB	OUT OFF	ERING	in the second of		The same of the sa	Transport Constitution
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.					Yes	M					
2.	What is th	e minimui	m investme	ent that wil	l be accept	ted from an	y individua	ıl?			\$_250	*000,
* may	be lowere	ed at discr	etion of iss	uer								
2	Door the a	fforing a	it i aint		of a sinal	mi+?					Yes	Nq
			ermit joint on request	_	-	who has b	een or wil	l be paid	or given.	directly o	r indirectl	v. anv
	commission a person to states, list broker or	on or simil to be listed the name dealer, yo	ar remune is an asso of the bro u may set	ration for so ciated persolated persolated person that the control of the control	solicitation son or ager der. If mo	of purchas at of a brok re than five for that bro	ers in conn er or deale e (5) person	ection with r registered ns to be li	h sales of s d with the	securities i SEC and/o	n the offer or with a s	ing. If tate or
Full N	Vame (Last	name firs	st, if indivi	dual)								
Busin	ess or Resi	idence Ade	dress (Nun	nber and S	tate, Zip C	Code)	<u> </u>					
Name	of Associ	ated Broke	er or Deale	er								
States	in Which	Person Li	sted Has S	olicited or	Intends to	Solicit Pure	chasers					
(Chec States		tes" or che	eck individ	ual States)	IN BOLD)		***************************************			🗆	All
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[OK] [WI]	[WY]	[PR]
			st, if indivi									
Busin	ess or Resi	dence Ado	dress (Nun	nber and S	treet, City	, State, Zip	Code)	-,				
Name	of Associa	ated Broke	er or Deale	er		· · · · · ·			·			
States	in Which	Person Li	sted Has S	olicited or	Intends to	Solicit Puro	chasers		<u> </u>			
(Chec States		es" or che	eck individ	ual States)	•••••••	•••••	••••••		•••••	••••••	🗆	All
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			st, if indivi		[0,1]	[1 1]	[,,,]	[,,,,,			[,, +]	
Busin	ess or Resi	dence Ado	dress (Nun	nber and S	treet, City	, State, Zip	Code)		<u></u>			
Name	of Associa	ated Broke	er or Deale	er								
States	in Which	Person Li	sted Has S	olicited or	Intends to	Solicit Purc	chasers					
(Chec States		es" or che	eck individ	ual States)	••••••				••••••		🗌	All
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO [PA]

[RI]

[SC]

[SD]

[TN]

[TX]

[UT]

[VT]

[VA]

[WA]

[WV]

[WI]

[WY]

[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Already	Aggregate	Amount
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity Common \ Preferred	\$_3,000,000	\$3,000,000
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	_ \$
	Other (Specify):	\$	\$
	Total	\$ 3,000,000	\$_3,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar amount of Purchases
	Accredited Investors	22	\$ 3,000,000
	Non-accredited Investors		. \$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$1,000
	Legal Fees		\$20,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)	Γ	¬ \$

\$ 21,000

	b.	Enter the difference between the aggregat Question 1 and total expenses furnished in difference is the "adjusted gross proceeds	S	\$2,979,000	
5.	be fun list	icate below the amount of the adjusted grosused for each of the purposes shown. If hish an estimate and check the box to the led must equal the adjusted gross proceeds the estion 4.b above.	the amount for any purpose is not kneft of the estimate. The total of the payr	own, nents	
Pay	ment	s to		Officers,	
				Directors, & Affiliates	Payments To Others
		Salaries and fees		🗆\$ <u></u>	_ 🗆 \$
		Purchase, rental or leasing and installation	of machinery and equipment	🗆\$	\$
		Construction or leasing of plant buildings a	nd facilities	🗆\$ <u></u>	_
		Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)	he assets or securities of another	□\$	_ □\$
		Repayment of indebtedness		_ _	_
		Working capital			
		Other (specify):.		 \$	\$
					_
		Column Totals		□\$ <u></u>	_ 🗆 \$
		Total Payments Listed (column totals added	i)	.□\$2,979,	000
). FEDERAL SIGNATURE		
he fo	ollow	has duly caused this notice to be signed by ng signature constitutes an undertaking by uest of its staff, the information furnished	the issuer to furnish to the U.S. Sec	urities and Exchange	Commission, upor
\mpl	ion (Capital Partners LLC	Signature / / / / /	Date July, 2	2005
Name By:	e of S Robe	gner (Print or Type) rt J. Bertoldi	Citle of Signer (Print or Type) Chief Financial Officer		
			75.11		

	E. STA	TE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the of such rule?	•		No
	See Appendix, e	ordina 5, for suite response.		
2.	The undersigned issuer hereby undertakes to furnish to any state admir at such times as required by state law.	istrator of any state in which this notice is filed, a notice on Form D (17 Cl	FR 239.5	500)
3.	The undersigned issuer hereby undertakes to furnish to the state adminis	trators, upon written request, information furnished by the issuer to offerees		
4.	•	nditions that must be satisfied to be entitled to the Uniform Limited Offering the issuer claiming the availability of this exemption has the burden of esta		
The perso		us duly caused this notice to be signed on its behalf by the undersigned duly	y authori	ized
	uer (Print or Type) nphion Capital Partners LLC	Date July, 2005	- 1	
		gner (Print of Type) ncial Officer		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.